PTO/SB/22 (12-04)
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional)	
FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		AHN	I-001DV1RCE
		E11 1 6	2 1 1 11 0000
Application Number 09/658734-Conf. #9	039	Filed S	September 11, 2000
For METHODS FOR IDENTIFYING COMPOUNDS AMENDED)	WHICH MODUL	ATE THE ACTIVI	TY OF MSH5 (AS
Art Unit 1651		Examiner	R. A. Davis
This is a request under the provisions of 37 CFR 1.136 identified application.			
The requested extension and fee are as follows (check			
W	<u>Fee</u>	Small Entity F	
X One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ 120.00
Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$
Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$
Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$
Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$
Applicant claims small entity status. See 37 CF	R 1.27.		
A check in the amount of the fee is enclosed.			
	ahad		
Payment by credit card. Form PTO-2038 is atta			
X The Director has already been authorized to cha	arge fees in this	application to a De	eposit Account.
X The Director is hereby authorized to charge any	fees which may	be required, or cr	edit any overpayment, to
Deposit Account Number 12-0080			
I am the applicant/inventor.			
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
x attorney or agent of record. Reg			
attorney of agent under 37 CFR	1 34		
Registration number if acting under			
/ acros	11.	Ma	arch 30, 2005
Signature	7	IVIC	Date
Maria Laccotripe Zacharakis, Ph.D., J.I	D.	(6 ⁻	17) 227-7400
Typed or printed name	-		phone Number
NOTE: Signatures of all the inventors or assignees of record of the ent than one signature is required, see below.	ire interest or their rep	resentative(s) are require	d. Submit multiple forms if more
Total of 1 forms are submitted	i .		
I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EL 982743191 US, in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box 1450,			
Alexandria, VA 22313-1450, on the date shown below	v. /	s. L	
Dated: March 30, 2005 Signature:	Maria Laccotripe	Zacharakis, Ph.D.	., J. D.)

04/01/2005 GWORDOF1 00000021 120080 09658734

PTO/SB/17 (12-04v2)
Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known Effective on 12/08/2004. oursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 09/658,734-Conf. #9039 FEE TRANSMITTAL September 11, 2000 Filing Date Winfried EDELMANN First Named Inventor For FY 2005 **Examiner Name** R. A. Davis Applicant claims small entity status. See 37 CFR 1.27 1651 Art Unit AHN-001DV1RCE TOTAL AMOUNT OF PAYMENT (\$) 120.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Credit Card Money Order Other (please identify): Check None Deposit Account Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayment of Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES** Small Entity **Small Entity** Small Entity **Application Type** Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) 200 100 Utility 300 150 500 250 200 100 50 130 Design 100 65 Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 Provisional 200 100 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 **Total Claims Multiple Dependent Claims** Extra Claims 45 Fee Paid (\$) Fee (\$) Indep. Claims Extra Claims 12 - 12 = ___ 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00 SUBMITTED BY Registration No. Signature 56,266 Telephone (617) 227-7400 (Attorney/Agent) Maria Laccotripe Zacharakis, Ph.D., J.D. Date Name (Print/Type) March 30, 2005

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Alexandria, VA 22313-1450, on the date shown below.

Dated: March 30, 2005

Signature: (Maria Laccotripe Zacharakis, Ph.D., J.D.)